



**BLUE BRIDLE INSURANCE AGENCY, INC.**  
 P O Box 27, Pittstown, NJ 08867  
 (800) 526-1711 (908) 735-6362  
 Fax: (908) 735-2254

# HORSE SHOW/EVENT LIABILITY INSURANCE APPLICATION

**REFER TO THE DESCRIPTION OF THE INSURANCE PLAN FOR HORSE SHOWS  
 ON THE REVERSE SIDE OF THE APPLICATION**

HORSE SHOW / EVENT ORGANIZATION (INSURED)		NAME OF SHOW / EVENT	WEBSITE ADDRESS
EVENT MANAGER OR CONTACT PERSON		E-MAIL ADDRESS	TELEPHONE NUMBER ( )
ADDRESS/CITY/STATE/ZIP CODE			FAX NUMBER ( )
EVENT LOCATION AND PHYSICAL ADDRESS			
EVENT / SHOW DATE(S)		MOVE-IN DATE	MOVE-OUT DATE
CERTIFICATES OF INSURANCE REQUESTED FOR <input type="checkbox"/> Owner of Premises: Name: _____ Address/City/State/Zip Code: _____ <input type="checkbox"/> Proof of Insurance Only <input type="checkbox"/> Additional Insured  <input type="checkbox"/> Name: _____ Explain the insurable interest: _____ Address/City/State/Zip Code: _____ <input type="checkbox"/> Proof of Insurance Only <input type="checkbox"/> Additional Insured, Subject to Company Approval			
REQUESTED LIMITS OF LIABILITY <input type="checkbox"/> \$500,000 / Occurrence <input type="checkbox"/> \$1,000,000 / Occurrence <input type="checkbox"/> \$1,000,000 Aggregate <input type="checkbox"/> \$2,000,000 Aggregate  \$5,000 MEDICAL PAYMENTS COVERAGE IS INCLUDED. \$50,000 FIRE LEGAL LIABILITY IS INCLUDED.			
ESTIMATED NO. OF PARTICIPANTS PER DAY	ESTIMATED NO. OF SPECTATORS PER DAY	ESTIMATED GROSS GATE RECEIPTS \$	
SEATING <input type="checkbox"/> Grandstands <input type="checkbox"/> Bleachers	ARENA TYPE <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	SEATING CAPACITY	
IS YOUR SHOW SANCTIONED BY USEF <input type="checkbox"/> Yes <input type="checkbox"/> No Competition # _____		IS YOUR SHOW SANCTIONED BY A NATIONAL ASSOCIATION OTHER THAN USEF <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", Name: _____	
DO YOU OBTAIN A SIGNED RELEASE FROM ALL PARTICIPANTS <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Attach a copy of the Release to this application.</b>		ARE "WARNING" SIGNS POSTED CIRCLE: Yes    No	
IS THE WARM UP AREA FENCED <input type="checkbox"/> Yes <input type="checkbox"/> No	SECURITY ON SITE <input type="checkbox"/> Yes <input type="checkbox"/> No	AMBULANCE OR EMT ON SITE <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>NOTE: HAVE YOU HAD ANY CLAIMS IN THE PAST (5) FIVE YEARS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER. INCLUDE DATE(S), CAUSE OF LOSS AND AMOUNT PAID.			
STANDARD FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties.			
APPLICANT'S SIGNATURE <b>X</b>	DATE	AGENT'S SIGNATURE <b>X</b>	DATE
AGENCY NAME BLUE BRIDLE INSURANCE AGENCY, INC.		AGENCY CODE	EMAIL ADDRESS

**APPLICANT'S SIGNATURE REQUIRED FOR FIRM QUOTE**

**Please attach a brief description of show/event or enclose the show/event flyer, prize list or program.  
 (You may provide last year's if event activities are the same.)**

## INSURANCE PLAN FOR HORSE SHOWS

- NAMED INSURED:** The Horse Show Organization, while acting in the scope of their duties.
- ADDITIONAL INSURED:** Individual Committee Members, Officials, Judges, Course Designer, and Premise Owner with respect to their liability arising from the acts they perform at the direction of and within the scope of their duties for the insured.
- PREMIUM:** Premium charge is based on the number of show days, not including the two days which may be required for preparation, “move-in” and dismantling, “move-out” days. If the public is invited onto the premises, additional public event days must be declared.
- Special premium charges may apply. To obtain premium quotation for shows open five days or longer, detailed information is required, including estimated total gate receipts for the show, number of spectators per day and seating capacity.
- POLICY TERM:** The period required for the preparation and the dismantling of the show, usually one day prior and one day after the show, effective 12:01 a.m.
- PRINCIPAL COVERAGES:** Commercial Liability Coverage - Bodily Injury and Property Damage; Medical Payments; Products/Completed Works; Fire Legal Liability; Personal and Advertising Injury Liability.
- Please Note:** Medical payments coverage is provided for all participants providing the insured has secured a signed Release from each entrant.

REFER TO THE ACTUAL POLICY AND ENDORSEMENTS FOR COVERAGE DETAILS.

\*\*\*\*\*

- IMPORTANT:** The insured must require that all independent contractors (including concessionaires on the show grounds) furnish the insured with a Certificate of Insurance as evidence that Worker's Compensation Insurance and Public Liability Insurance is in force during the show.

*Complete Application on Reverse Side*